

Cape May County
Department of Aging & Disability Services
"Aging & Disability Resource Connection"

Kristine Gabor
Freeholder



Donna Groome
Executive Director

2014 NEEDS ASSESSMENT SURVEY

It is the mission of this department to promote the well-being and inclusion of older persons and those adults with disabilities in Cape May County, by providing information and education and developing and advocating for services that assist these citizens to maintain independence and quality of life and make informed choices about their long-term care needs.

The Needs Assessment Survey is used as a tool to determine where there are gaps in the services that are needed most by our target population.

When developing our plan for the upcoming year it is beneficial to have first-hand knowledge of what your current needs and ideas are. The plan is based on the results of this survey, as well as all information we have gathered in our last 3 year plan.

Your assistance is greatly appreciated.

PLEASE RETURN YOUR COMPLETED SURVEY NO LATER THAN June 30th, 2014

TO: CAPE MAY COUNTY DEPARTMENT OF AGING & DISABILITY SERVICES

4005 ROUTE 9 SOUTH , RIO GRANDE, NJ 08242



CAPE MAY COUNTY DEPARTMENT OF AGING & DISABILITY SERVICES

NEEDS ASSESSMENT SURVEY- 2014

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*It is our goal to provide the most needed services to our seniors and disabled residents throughout Cape May County.
We would appreciate your input so that we can focus our attention where it will be most beneficial to you.*

DEMOGRAPHIC SUMMARY: (please check the appropriate selection)

GENDER: ☐ Male ☐ Female **AGE:** ☐ Under 60 ☐ 60-69 ☐ 70-79 ☐ 80-89 ☐ 90 +

MARITAL STATUS: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Other

RACE/ETHNICITY: ☐ Asian/Pacific Islander ☐ Black/African American ☐ Hispanic/Latino

☐ White/Caucasian ☐ Native American ☐ Other: _____

ZIP CODE OF YOUR RESIDENCE: _____

YOU LIVE WITH: ☐ Spouse ☐ Family ☐ Alone ☐ Other: _____

HOUSING: **I CURRENTLY RESIDE:** ☐ House ☐ Mobile Home ☐ Apartment ☐ 55+ Community

☐ Assisted Living ☐ Boarding Home ☐ Other : _____ **I AM HOMEBOUND:** ☐ Yes ☐ No

I NEED ASSISTANCE TO LEAVE MY HOME: ☐ Yes ☐ No

IN HOME SERVICES: **I NEED HELP WITH:** ☐ Cooking ☐ Housework ☐ Laundry ☐ Repairs

Grocery Shopping ☐ Walking ☐ Dressing ☐ Bathing ☐ Other: _____

☐ None of the above **I WOULD LIKE A DAILY TELEPHONE REASSURANCE CALL:** ☐ Yes ☐ No

TRANSPORTATION: **HOW I TRAVEL:** ☐ Own my own vehicle ☐ Use Fare Free Transportation ☐ Taxi

Cab ☐ NJ Transit ☐ Rely on Friends/Family ☐ Other: _____

NUTRITION: **I EAT 3 MEALS PER DAY** ☐ Yes ☐ No **I ATTEND A SENIOR CENTER/NUTRITION**

SITE ☐ Yes ☐ No **DO YOU KNOW WHERE THE NEAREST SENIOR CENTER IS TO YOU?** ☐ Yes ☐ No

ARE YOU AWARE THE COUNTY SENIOR CENTERS SERVE LUNCH? ☐ Yes ☐ No

IT IS DIFFICULT TO PREPARE MEALS FOR MYSELF ☐ Yes ☐ No **I RUN OUT OF MONEY TO BUY**

FOOD ☐ Yes ☐ No

HEALTH: **I HAVE HAD: (in the last 3 years)** ☐ A Physical ☐ Flu Shot ☐ Dental Exam ☐ Eye Exam

☐ Hearing Test ☐ Pneumonia Shot ☐ Blood Test

I WOULD PARTICIPATE IN AN EXERCISE PROGRAM IF AVAILABLE: ☐ Yes ☐ No

I HAVE ENOUGH HEALTH INSURANCE: ☐ Yes ☐ No

DO YOU HAVE ADEQUATE DENTAL CARE? ☐ Yes ☐ No

I UNDERSTAND MY HEALTH INSURANCE COVERAGE: ☐ Yes ☐ No

I HAVE A PRESCRIPTION DRUG PLAN: ☐ Yes ☐ No **DO YOU HAVE:** ☐ PAAD ☐ SENIOR GOLD

DO YOU HAVE DIFFICULTY PAYING FOR PRESCRIPTIONS? ☐ Yes ☐ No

HOW IS YOUR CURRENT HEALTH CONDITION? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

CAREGIVER: **DO YOU ATTEND ANY CAREGIVER SUPPORT GROUPS?** ☐ Yes ☐ No

I AM CURRENTLY RAISING MY GRANDCHILDREN IN MY HOME: ☐ Yes ☐ No

I PROVIDE UNPAID CARE FOR A FAMILY MEMBER AND NEED: ☐ Respite ☐ Counseling ☐ Education

I PROVIDE CARE TO MY: ☐ Spouse ☐ Parent ☐ Other: _____

SOCIAL: **I LIVE ALONE:** ☐ Yes ☐ No

I AM INTERESTED IN THE FOLLOWING: ☐ Recreation ☐ Education ☐ Employment ☐ Volunteering

☐ Other: (specify) _____

THE FOLLOWING KEEPS ME FROM DOING THE THINGS I LIKE IN THE COMMUNITY: ☐ No interest

☐ Transportation issues ☐ Language barriers ☐ Cost ☐ Knowledge of Community Events/Opportunities

☐ Physician's limitations

ARE YOU A VETERAN? ☐ Yes ☐ No

INCOME: **IS YOUR YEARLY INCOME:** ☐ Under \$11,000. ☐ Over \$11,000.

DO YOU RECEIVE ENERGY ASSISTANCE? ☐ Yes ☐ No **DO YOU RECEIVE FOOD STAMPS?**

☐ Yes ☐ No **I HAVE DIFFICULTY PAYING UTILITY BILLS** ☐ Yes ☐ No

I HAVE ENOUGH MONEY FOR FOOD, SHELTER AND CLOTHING ☐ Yes ☐ No

DO YOU KNOW WHO TO CALL IF YOU NEED INFORMATION REGARDING PROGRAMS AND SERVICES FOR THE AGING & DISABLED? ☐ Yes ☐ No (see address and phone number below)

Name: (optional) _____

Address: (optional) _____

Return this Survey to: Cape May County Department of Aging & Disability Services is located at 4005 Route 9 South, Rio Grande, NJ 08242. Our office is the Cape May County ADRC office. "Aging and Disability Resource Connection" *Thank you so much for your time completing our Survey.*

Please call **609-886-2784** for information and assistance, and referrals to other agencies that may be able to assist you. Office hours are Monday through Friday, 8:30 a.m. to 4:30 p.m. Appointments are required on Tuesdays only. Monday, Wednesday, Thursday and Friday, everyone is served on a first come first served basis.